24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) American Dental Association Independent Expendent	ditures Committee	FEC IDENTIFICATION NUMBER ▼ C C00488338
Check if 24-hour report 48-hour report Mew report Amends report filed on Amends report file		
Full Name of Payee Strategic Impact		Date of Public Distribution/Dissemination 05 05 07 08 08 08 08 08 08 08 08 08
Mailing Address 1890 Star Shoot Parkway #17-250		Amount
•	Zip Code 40509	15640.00 Transaction ID : 12454115 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail TX-36	Category/ Type 003	M M / D D / Y Y Y Y Y
Name of Federal Candidate Brian Babin	Support Offic Oppose	e Sought: X House District: 36 President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 7	74986.35 Disb 2014	ursement For: Primary General Other (specify) ► Runoff2014
Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address		Amount
City State 2	Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	Mam / Dab / Yayayay
Name of Federal Candidate	Support Office Oppose	e Sought: House District: President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disb	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	·····	15640.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	15640.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Dr. Douglas Hadnot [Electronic Signature	cally Filed] Date	05 / Da D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y